Yes No	t child because	sactions, or liabilities of a spouse or dependent	" income, tran	assets, "unearnec	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	the EX
not Yes No	d trusts" need n	s of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	on standards	by the Committee ch a trust benefiti	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependen	<b>17</b>
QUESTIONS	OF THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EX
nswered and the h "Yes" response.	must be a led for eac	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N <sub>S</sub>	Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.	iiat <. [
Yes No No	arrangement w	<ul><li>IX. Did you have any reportable agreement or arrangement with an outside entity?</li><li>If yes, complete and attach Schedule IX.</li></ul>	No.	Yes	<ul> <li>IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?</li> <li>If yes, complete and attach Schedule IV.</li> </ul>	91.
ate Yes No	or before the d	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	<b>№</b>	ves Ves	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	rep
Yes No	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	₹ <	Yes	If. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	# rep iii. ii
Yes No	d receive any gregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	<u>8</u>	yes W	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule 1.</li> </ol>	# # F
		E QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION - ANSWER	PRI
against anyone who mes more man 30 days late.	30 days late.	Termination Date:		Amendment	)	
\$200 penalty shall be assessed	A \$200 pe	or Employing Office:	Officer or Employee	ho 	Status Member of the U.S. State: 4.	
S. 1.3 Office Use Doney - 25 (	03.135	(Daytime Telephone)			(Full Name)	
LEGISLATIVE RESOURCE CENTER 2003 MAY 15 AM 11: 02	LEGIS 200	202-225-5772		などのの	GARY ENGENE "GENE" TA	
HAND DELIVERED	Ē	Form A For use by Members, <i>officers</i> , and employees		<b>FATIVES</b>	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period	7 % ⊆

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре Ат	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Spouse Salary	NA
BUTHERN GRAPHICS	Spruse Convinuessionio	r.A

For payments to charity in lieu of honoraria, use Schedule II.

## Asset and/or Income Source

Block A. For additional information, of its activities, and its geographic location instruction booklet. traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on land, provide a complete address. Provide full income during the year. For rental property or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value *not exercised*, to select the specific investments), plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use Identify (a) each asset held for investment or proi.e., plans in which you have the power, even if see

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less in personal savings accounts; any financial interest in or income derived from U.S. Exclude: Your personal residence(s) (unless Government retirement programs. parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by

optional column on the far left or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Over \$50,000,000

S SP

Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

×

×

1st Bank of Paducah, KY Accounts

SP

HANCOCK

See See

ACCOUNTS

## Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting "None." year and is included only because it

reporting yea	
\$1000 in	
exceeding	k "None" if no income was received.
exchanges (E	ends and interest, even if rein-
sales (S), or	ate the category of income by
purchases (P	Il other assets, <i>including all IRAs</i> ,
asset had	llow you to choose specific invest-
Indicate if the	tirement plans or accounts that do
Transactio	Amount of Income
BLOCK E	BLOCK D

				NONE			Che investigation of the control of
			X	DIVIDENDS			Check retirem not all not all investmall other indicate indicate ing the Divide vested Check attential and all all other ing the divide vested vested check attential and all all all all all all all all all al
	×			RENT			Check all retirement not allow investment all other a all other thindicate the Dividends vested, she Check "No ate any inc
×				INTEREST			Type of Inc all columns the ent plans or acow you to che you may a rassets inclusive appropriate e appropriate e appropriate e appropriate should be liste "None" if asset income during
			×	CAPITAL GAINS			BLOCK C  B of Inc.  B of Inc.  Blumns th  Blumns or acc  But to che  By wo may we  By includ  By in
				EXCEPTED/BLIND TRUS	Τ		ins the contract of the contra
		Royatties		Other Type of Income (Specify: For Example, Partner	ship Income or Fa	arm Income)	Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
				None		-	For not ind che che Ch.
				\$1 - \$200		=	For retire not allow ments, y ments, y ments, y molicate checking Divident vested, Yested, "Check "N
				\$201 – \$1,000		=	Amount of Income  Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
			×	\$1,001 - \$2,500		₹	Amount of Income ament plans or accounts v you to choose specific you may write "NA" for ther assets, including a the category of incours and interest, even should be listed as it yone" if no income was re-
		<u> </u>		\$2,501 - \$5,000		<	BLC unt plan plan by w sissette cate app din in ordinate in ordina
<b>X</b>	×			\$5,001 - \$15,000		≤	BLOCK D  bunt of Ince t plans or acce to choose sp hay write "Na" assets, includ. category of eappropriate ad interest, e lid be listed if no income v
				\$15,001 - \$50,000		≦	Income se sp "NA" "NA" world by of y of y of y of riate riate riate set, est, est, est, est, est, est, es
				\$50,001 - \$100,000		≦	pecurity for the base was
		×		\$100,001 - \$1,000,000		×	n if in
				\$1,000,001 - \$5,000,000		×	ome  ounts that do punts that do pecific invest- in for income. ing all IRAs, income by box below. wen if rein- as income. vas received.
				Over \$5,000,000		×	d.
			S (partial)	EU کی نام و محسورات	please indicate as follows: (S) (partial) See below for	If only a portion of an asset is sold,	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

Name GARY
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"GENE"
TAYLUR
Page 4 o

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

	İ					
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	Z	Z	None
Ë	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	<b>\</b>	2 Days
AMBUCAN SHIPBUILDING ASSN.	82-92 NON	New obligans, LA - New obligans, LA -	Y	<u> ۲</u>	۲	
				<u> </u>		
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